IN THE UNITED STATES PATENT AND TREEMARK OFFICE SCS-540-542 In re Patent Application of Atty Dkt.

C# M#

Date: October 11, 2007

2871

Examiner: N. Briggs

GREENWAY et al.

Serial No. 10/518,898

Filed: December 22, 200

SWITCHABLE COUPLING

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

OCT 11 2007

Sir:

Title:

## RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

## □ Correspondence Address Indication Form Attached.

Fees are attached as calculated below:

Total effective claims after amendment minus highest number

previously paid for (at least 20) = x \$50.00 \$0.00 (1202)/\$0.00 (2202) \$ 20

Independent claims after amendment 2 minus highest number

previously paid for x \$210.00 (at least 3) =\$0.00 (1201)/\$0.00 (2201) \$

If proper multiple dependent claims now added for first time, (ignore improper); add

\$370.00 (1203)/\$185.00 (2203) \$

Petition is hereby made to extend the current due date so as to cover the filing date of this

paper and attachment(s) One Month Extension \$120.00 (1251)/\$60.00 (2251)

Two Month Extensions \$460.00 (1252)/\$230.00 (2252)

Three Month Extensions \$1050.00 (1253/\$525.00 (2253) Four Month Extensions \$1640.00 (1254/\$820.00 (2254)

Five Month Extensions \$2,230.00 (1255/\$1115.00 (2255) \$ 120.00

Terminal disclaimer enclosed, add \$130.00 (1814)/ \$65.00 (2814)

Applicant claims "small entity" status. Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) 0.00

Assignment Recording Fee \$40.00 (8021) 0.00

Other: 0.00

**TOTAL FEE \$** 120.00

## CREDIT CARD PAYMENT FORM ATTACHED.

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100

SCS:kmm

NIXON & VANDERHYE P By Atty: Stanley C. Spooner,

Signature:

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120.00 OP